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PTO/SB/81 (10-00)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	HEREWITH
First Named Inventor	William H. Cork
Group Art Unit	
Examiner Name	
Attorney Docket Number	F-5629

I hereby appoint:

Practitioners at Customer Number

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OR

Practitioner(s) named below:

Name	Registration Number
Bradford R. L. Price	29,101
Amy L. H. Rockwell	32,094
Michael C. Mayo	38,545
Gary W. McFarron	27,357

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Bradford R. L. Price			
Address	Baxter Healthcare Corporation - Fenwall Division, RLP-30			
Address	P.O. Box 490 - Route 120 & Wilson Road			
City	Round Lake	State	Illinois	Zip 60073
Country	USA			
Telephone	(847) 270-2632	Fax	(847) 270-2658	

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Kyungyo Min
Signature	
Date	9/25/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 6 forms are submitted.

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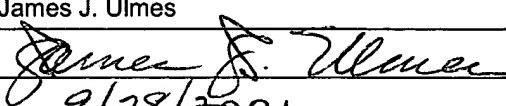
<input checked="" type="checkbox"/> Firm or Individual Name	Bradford R. L. Price			
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SIGNATURE of Applicant or Assignee of Record

Name	James J. Ulmes
Signature	
Date	9/28/2001

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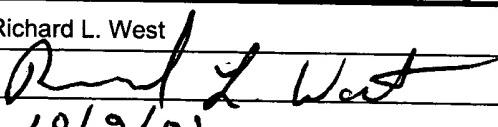
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SIGNATURE of Applicant or Assignee of Record

Name	Richard L. West
Signature	
Date	10/9/01

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SIGNATURE of Applicant or Assignee of Record

Name	Ying-Cheng Lo
Signature	
Date	10-02-01

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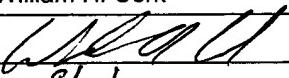
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	William H. Cork
Signature	
Date	9/17/01

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Attorney Docket Number	F-5629

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Gary W. McFarron	27,357

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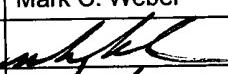
<input checked="" type="checkbox"/> Firm or Individual Name	Bradford R. L. Price			
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SIGNATURE of Applicant or Assignee of Record

Name	Mark C. Weber
Signature	
Date	9/17/01

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number _____ OR Correspondence address below

Name Bradford R. L. Price

Address Baxter Healthcare Corporation
Fenwal Division, RLP-30
P.O. Box 490 - Route 120 & Wilson Road

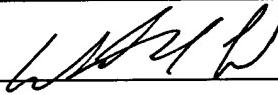
City Round Lake **State** IL **ZIP** 60073

Country USA **Telephone** (847) 270-2632 **Fax** (847) 270-2658

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) William H. **Family Name**
or Surname Cork

Inventor's Signature  **Date** 9/17/01

Residence: City Lake Bluff **IL**. **State** Illinois **Country** USA **Citizenship** USA

Mailing Address 439 W. Sheridan Place

City Lake Bluff **State** Illinois **ZIP** 60044 **Country** USA

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) James J. **Family Name**
or Surname Ulmes

Inventor's Signature  **Date** 10/10/01

Residence: City Lake Zurich **IL**. **State** Illinois **Country** USA **Citizenship** USA

Mailing Address 575 Cortland Drive

City Lake Zurich **State** Illinois **ZIP** 60047 **Country** USA

Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

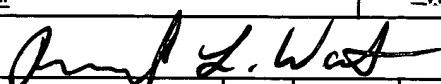
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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
<u>Richard L.</u>		<u>West</u>						
Inventor's Signature							Date	<u>10/9/01</u>
Residence: City	Lake Villa	I.L.	State	Illinois	Country	USA	Citizenship	USA
Post Office Address	37162 N. Lake Shore Drive							
Post Office Address								
City	Lake Villa	State	Illinois	ZIP	60046	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
<u>Ying-Cheng</u>		<u>Lo</u>						
Inventor's Signature							Date	<u>10-02-01</u>
Residence: City	Green Oaks	I.L.	State	Illinois	Country	USA	Citizenship	USA
Post Office Address	225 Fox Run Road							
Post Office Address								
City	Green Oaks	State	Illinois	ZIP	60048	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
<u>Mark C.</u>		<u>Weber</u>						
Inventor's Signature							Date	<u>9/17/01</u>
Residence: City	Algonquin	I.L.	State	Illinois	Country	USA	Citizenship	USA
Post Office Address	800 Birch Street							
Post Office Address								
City	Algonquin	State	Illinois	ZIP	60102	Country	USA	

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DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 4 of 4

Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
Kyungyoon	Min		
Inventor's Signature	Date Dec 10, 2001		
Residence: City Gurnee IL	State IL	Country USA	Citizenship South Korea
Mailing Address			
Mailing Address 7267 Clem Drive			
City Gurnee	State IL	ZIP 60031	Country USA
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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